

**APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION  
FROM REAL PROPERTY TAXATION**

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. ( ) \_\_\_\_\_

Evening No. ( ) \_\_\_\_\_

3. Location of property (see instructions)

Street address

Village (if any)

City/Town

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

4. Is the owner a veteran who served in the active military, naval or air service of the United States? \_\_ Yes \_\_ No

If No, indicate the relationship of the owner to veteran who rendered such service: \_\_\_\_\_If Yes, is the veteran also the unremarried surviving spouse of a veteran? \_\_ Yes \_\_ No

5. Indicate branch of veterans service and dates of active service: \_\_\_\_\_

(Attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions? \_\_ Yes \_\_ No

(Attach written evidence)

7. Did the veteran serve in a combat zone or combat theater? \_\_ Yes \_\_ No

If Yes, where did the veteran serve and when was such service performed? \_\_\_\_\_

(Attach written evidence)

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? \_\_ Yes \_\_ No

If Yes, what is (was) the veteran's compensation rating? \_\_\_\_\_

(Attach written evidence showing the date such rate was established)

☐ check if rating is permanent?If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? \_\_ Yes \_\_ No (Attach written evidence)

9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran or Gold Star parent? \_\_ Yes \_\_ No

If No, is the veteran, unremarried surviving spouse of the veteran or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? \_\_ Yes \_\_ No

Explain: \_\_\_\_\_

10. Is the property used exclusively for residential purposes? \_\_ Yes \_\_ No

If No, describe the non-residential use of this property and state what portion is so used. \_\_\_\_\_